

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/525061**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5		4		1		
6		4		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		2		1		
12		2		1		
13		1		1		
14		2		1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	23					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
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97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	48	←		←
TOTAL CLAIMS			52			

DC